

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 5 2019

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Namo	of Lobbyist(s	George W. Roussos	and Lindsay E. N	adeau		
II. Nam	e of lobbyist's	partnership, firm or	corporation, if a	ny:		
Orr &	& Reno, P.A.					
	(Nam	e of partnership, firm or c	orporation)			
45 S	, Main Street, I	PO Box 3550	Concord	NE	<u> </u>	03302-3550
Business	Address: (Str	ect)	(Town/City)	(Sta	te)	· (Zip Code)
(603)	224-2381	(603	224-2318	e-mail	nadeau@orr-	-reno.com
(000 / 2	(Telephone)		(Fax)			
		vers: (Choose one – fil ansactions which are r			R you may f	ile a separate report for
🛚 Allı	eportable trans	sactions occurring in the	months prior to	the reporting date rela	ative to the fo	ollowing client:
New	Hampshire A	Association of Domes	tic Insurance Co	ompanies		
		(Full Name of Client as i	t appears on the Lo	bbyist Registration For	m)	
OR				11.42. Camallan and a	labbaine Co	listed below which one
	eportable trans	-	including the lob	byist's family), or the	: lobbying iir	m listed below which are
IV. Date	e of Report	April 24, 2019 🔀		July 31, 201	9 🛘	
Reports o	cover: activi	ty from date of registratio	n to 3/31/19	activity from 4/1/19		
		October 30, 2019 activity from 7/1/19 to 9/3	0/19	January 29, activity from 10/1/1		
If this be		no fees received and complete just this form o				
VI. Che	ck if addition:	al reports are attached	l :			
		ed fees or made expend		ile Addendum A– Fo	es and Expe	nses
☐ If y		n honorarium or reimbu				
ß lfyd	ou, your firm, o	or your family has made	political contribu	utions, you must file a	Addendum (C- Political Contributions
I have re	ead RSA 15, R	irmation by Lobbyist SA 15-B, RSA 14-C an st of my knowledge and	d RSA 664 and ho I belief.	ereby swear or affirm	that the fore	going information is true
_/	1//11	Im		04/24/19		
(Signay	ure of lobbyist				(Date)	
Linds	ay E. Nadeau					
	Name of lobbyi	st)				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) _George W. Roussos and Lindsay E. Nadeau		
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Association of Domestic Insurance Companies	Date <u>04/</u>	24/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greated by any expenses:	relations, or p	oublic relations service
a) Total of all fees received in this reporting period	a) \$	20,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$	0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	20,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	59,858.03
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report at Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if ex may be filed for a aggregate tot expenses; (b) the le: meals purch ss than \$10 that and with a value orting period of ue of greater the er than \$25, but, expense reim	penditures are made b for the lobbyist(s)/firm al of all expenses pai e aggregate total of a mased during a busines at is given to the perso of \$25.00 or less); an greater than \$25.00 fo han \$25, purchase of at not greater than \$50 bursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	100.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	100,00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
7) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from locriod, including by whom paid or to whom charged.	obbying fees di	iring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the fore	egoing information
IMac/M	04/24/19	
(Signature of lobbyist)	(Da	ite)
Lindsay E. Nadeau		
(Print Name of lobbyist)		

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Statement of Income and Expenses for:		
Name of Lobbying partnership, firm, or corpo	oration: Orr & Réno, P.A.	
Name of Client (leave blank if Statement is f	for the partnership, firm, or corporation and not related to	any
particular client): New Hampshire Associate	tion of Domestic Insurance Companies	_
Date of Report (check one):		
April 24, 2019 🖾 July 31, 2019 🗆	October 30, 2019 January 29, 2020 January 20, 2	
	the Statement of Income and Expenses described above, hat Statement (insert the number of Addendum forms b	
X Addendum A(s).		
Addendum B(s).		
X Addendum C(s).		
I hereby swear or affirm that the foregoing in complete to the best of my knowledge and be	nformation on the Statement and each Addendum is true elief.	and
(Signature of lobbyist)		
Lindsay E. Nadeau		
(Print Name of lobbyist)		